

**STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH**

**June 9, 2008
Notes**

**MEMBERS
PRESENT:** Kitty Gallagher, George Karabakakis, Clare Munat, Marty Roberts, and Jim Walsh

VISITORS: Michael Fitzgerald and Grace Zdunek (HCRS)
Jean New, Barb Farnham, and Miles Kaufmann (LCMHS)
Zachary Hughes (Washington County)

**DMH AND
VSH STAFF:** Melinda Murtaugh, Jessica Oski, Frank Reed, and Evan Smith

Clare Munat facilitated today's meeting. Standing Committee members and visitors introduced themselves. Notes for the meetings of April 14 and May 12 were unanimously approved as written.

Important Change to Summer Calendar

The July and August meetings of the Standing Committee will be combined into one meeting on Thursday, July 24, 2008, in the Mad Tom Notch Room of the Cyprian Learning Center in Waterbury. The Standing Committee meeting will take place from 10:00 a.m. until 1:30 p.m. (lunch provided) and will be followed by a meeting of Vermont's Block Grant Planning Council from 2:00 until 4:00 p.m. Please mark your calendars accordingly. **Please note that the meetings previously announced for July 28 will now take place on July 24 instead.**

Advance Directives and the Ulysses Clause: Jessica Oski

Language note: After September 2005, "durable powers of attorney" became "advance directives."

Jessica distributed a handy list of frequently asked questions about advance directives for health care (see attachment). Advance directives are used mostly for end-of-life decisions, Jessica said. A Ulysses clause is most often used in connection with psychiatric directives. The Ulysses clause is named for the ancient Greek hero who stuffed wax in the ears of his crew as they sailed back to Ithaca after the Trojan War so that they would not hear the song of the Sirens luring them to certain shipwreck. Ulysses, who wanted to hear the Sirens but wanted to get back home too, ordered his men to lash him to the mast so that he could listen to the song. If he called for his crew to unbind him, he ordered them to bind him all the more tightly—that is, do the opposite of what he would be telling them to do while he was listening to the Sirens.

People preparing advance directives may also appoint agents in addition to the document. An agent is a good idea, in Jessica's opinion. Family members may be agents, she elaborated. Various forms for advance directives are available online at the Health Department's Web site (healthyvermont.gov) or from the Vermont Ethics Network. Another source is the Vermont Medical Society's Web site (vtmd.org).

An advance directive can go into effect at a specified time or whenever a person lacks capacity to make decisions, Jessica explained further. "Lack of capacity" is different from being "a person in need of treatment," she went on. Capacity to make a medical decision has to be determined by a physician. A hospital must follow an advance directive when it goes into effect. See *Hargrave v. Vermont* 340 F. 30/127 (2nd Cir. 2003.)

A Ulysses clause may be added to an advance directive. The Legal Unit has not seen such a clause for someone admitted to the Vermont State Hospital, Jessica said, so the law has not really been tested in Vermont. A person may revoke a Ulysses only when he or she "has capacity" to make that decision. In fact, very few VSH patients (two out of forty-six currently) have an advance directive.

Vermont has an online registry for advance directives, Jessica told Standing Committee members. A person may register the entire advance directive or only give notice that he or she has an advance directive.

In response to the question, "What is the legal definition of capacity?" Jessica replied that determination of capacity is a medical decision. Capacity may come and go throughout illness. "Competence," in contrast, is a legal determination.

VSH Policies

Kitty Gallagher expressed her concern over changes to visiting hours at the State Hospital. She suggested that patients in each of the units be given a day off from attendance at groups so that visitors could see them instead.

Jessica said that the VSH Governing Body and Policy Committee have also heard complaints about the new policy. The issue is an operational one, she explained further, and the feeling right now is to go ahead with changes, see how they work out, and reevaluate if necessary. Jessica expressed optimism that, by and large, the staff will be able to accommodate visits outside specified hours.

Marty Roberts expressed concerns over the process for policy review and the lack of opportunity for the Standing Committee to give meaningful input to the Policy Committee and Governing Body. (The VSH Policy Committee meets on the morning of the same day as the regular monthly meeting dates for the Standing Committee.) Jessica said that the process has room for improvement, and she and Melinda Murtaugh will work together toward establishing a schedule of meetings. Jessica offered to summarize a schedule for policy meetings/actions for distribution to the Standing Committee, with an outline of the process, times for public comment, and agreement on how to get comment into the VSH policy process pipeline.

Jessica went into further detail on some recent changes that have been proposed for approval by the Governing Body:

- ◆ Levels of observation: All references to curtains on the windows of doors into rooms have been removed from the policy, and VSH staff made an internal operating decision as to the exact method of observing patients.
- ◆ Professional boundaries policy: The new policy prohibited giving or receiving gifts from others. The Governing Body thought the prohibition too restrictive, however, and now a member of the hospital staff may not give gifts of value to patients. Other instances of gift-giving are to be evaluated on a case-by-case basis.
- ◆ Patient work policy: This one is new. It sets forth the process by which staff will work with patients who are interested in vocational training and/or employment. The intent was to inject more principles of best-practices Supported Employment into the policy. The Policy Committee approved this policy today (that is, June 9, 2008).

Membership Subcommittee Business

Clare offered to ask Nick Emlen to recruit provider members for the Standing Committee at the statewide Community Rehabilitation and Treatment Conference this coming Friday (that is, June 13). She will approach Larry Lewack of the National Alliance for Mental Illness of Vermont (NAMI--VT) to do the same in regard to family members. Marty mentioned that she has also met with Adult Outpatient Directors to solicit their interest in membership.

Update on Peer Activities: Kitty Gallagher and Marty Roberts

- ✪ VSH patients are working on a chess set to give to the local library. The library brings books for patients to read; the patients earn privileges to check books out on a weekly basis.
- ✪ The peer initiative consultation group has not met in about three months, Kitty said. A request for proposals for the peer-operated respite bed has been posted, she thinks.
- ✪ The wellness group at VPS is continuing meetings on Wednesday nights; three recovery educators are available to facilitate these meetings.
- ✪ Washington County has a new peer recovery educator.

Peer Initiative Workshops: Zachary Hughes and Marty Roberts

Zachary was able to attend only the workshop on May 30. It went well, he said, adding that he understands that the one on May 29 went well too. He would have liked to see a presentation on services for children included with the others.

The May 29 workshop focused on inpatient facilities and services, Marty said. Gail Bluebird is a nurse, also a consumer/survivor, who does workshops all over the country. She started an alternative to seclusion in inpatient settings: a "comfort room" for patients. Holly Dixon, from

the Amistad program in Maine, was also there, Marty added. Amistad offers peer support in Emergency Rooms. Maine has a statewide warm line.

Marty said that the workshop on May 30 was more for providers than for peers. Its focus was paying for peer initiatives, liability issues, training, boundaries, and the like. Almost all CRT Directors attended. Marty talked about how Gail presented different models for initiatives, such as a stand-alone or a stand-alone directed by peers. The idea was to generate discussion about the models; there is no single right answer, according to Marty.

Washington County Young Adult Committee, Inc.: Zachary Hughes

Zach has been offering an informal Emergency Room peer-support program since 2002 for people eighteen and over who go to the ER for either medical or psychiatric reasons. The basic model is that either Zach or another peer would, if requested to do so, go and keep someone company throughout the ER process. The same assistance is available for someone making a court appearance. The hours are 10:00 until 4:00 Mondays, Wednesdays, and Fridays.

Zach thinks that the program works well because he has a good relationship with the hospital and with Washington County Mental Health Services. The training for potential volunteers is in standard peer-initiative concepts. It is hard to recruit, Zach admitted. Once free, the program now charges a \$5.00 fee. Zach has applied for additional resources through the peer-initiative funds administered by Vermont Psychiatric Survivors (VPS).

Departmental Updates: Frank Reed

- ☑ Recertification of VSH: The State Hospital's application for recertification by the Centers for Medicare and Medicaid Services (CMS) has been acknowledged. Frank provided the general outline and time frame for the certification process.
- ☑ Departmental Mission and Vision: The Department of Mental Health's Mission and Vision statements are now final. See them on the DMH Web site: healthvermont.gov/mh.
- ☑ Targeted Case Management and Psychosocial Rehabilitation: There is now potentially a moratorium on implementation of more restrictive interpretations of the kinds of services allowable under CMS's guidelines for targeted case management and psychosocial rehabilitation. The provisions are tied to passage of the Iraq funding bill which is highly political as well, Frank cautioned.
- ☑ Change in Support Staff in Commissioner's Office: Sarah Gregorek, formerly Commissioner Michael Hartman's administrative assistant, has taken a position with the Office of Vermont Health Access. Trish Palmer is the interim support person in the Commissioner's office until someone permanent can be found.
- ☑ RFP for Services Partners: The RFP to designated agencies for pilot programs for service partners in community case management has been posted. The RFP offers a maximum of five awards ranging in size up to \$70,000 each to explore "innovative community support services for individuals with disabilities who are ineligible for more intensive case management and community support services in other existing community service programs.

Statewide System of Care Plan: Melinda Murtaugh

Standing Committee members reviewed the current draft of the Statewide System of Care Plan and Update for Fiscal Years 2008 and 2009. Some sections of the plan remain to be completed, primarily the Vermont Integrated Services Initiative (VISI), gaps in local programs, and the RFP for targeted case management. Marty suggested a change of wording on page 51: "alternative peer-operated respite facility." The deadline for additional feedback from the Statewide Program Standing Committee is Monday, June 30.

Topics for the July 24 Agenda

- Introductions, agenda, approval of notes
- VSH report
- Report from Membership Subcommittee
- A visit from the Deputy Commissioner: status report on the Futures Project
- DMH updates
- Progress of the peer RFP
- Focus forum update
- Discussion: input on VSH policies
- September agenda